

The slide features a blue background with several triangles of different colors (yellow, orange, pink, light blue, green) scattered across it. A thin horizontal line is positioned below the main title.

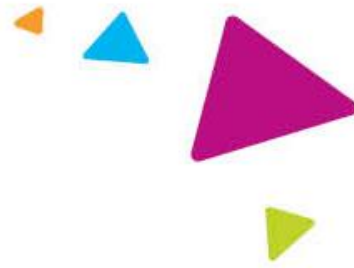
IBHS Data Driven Approach

2022

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Member Level Support

Clinical Measurement Tool Review



- When: Q1 & Q3
- How Many: % of census at each provider
- What: Utilization of clinical measurement tool to identify admin & clinical strengths & areas of opportunity
- What Happens Next: Depending on determination of MNC, a collaborative case review or peer-to-peer consult may occur.

Clinical Measurement Tool



	Item	Description	Present	Partial	Not Present	Not Applicable	Notes
12	1 Written Order	Specifies the IBHS service, hours and setting					
13	2 Written Order	Contains clinical information to support the medical necessity of the service ordered					
14	3 Written Order	Contains valid behavioral health disorder diagnosis					
15	4 Assessment	(For initial assessments only): Individual assessments were completed in 15 days and ABA assessments completed in 30 days					
16	5 Assessment	Includes treatment and medical history					
17	6 Assessment	Includes developmental and social history					
18	7 Assessment	Includes family structure and history					
19	8 Assessment	Includes educational history					
20	9 Assessment	Includes trauma history					
21	10 Assessment	Includes cultural, language or communication needs					
22	11 Assessment	Direct Observation in all relevant settings					
23	12 Assessment	Includes assessment and plan to address SDOH, Barriers, etc.					
24	13 Assessment	Data Analysis, Graphs as applicable, Baseline and current level, frequency/intensity/duration					
25	14 Assessment	Structured Tool used and included (Allowed: VB-MAPP, FBA, ATEC, Vineland, ABAS. Not allowed: FAST, MAS, CANS)					
26	15 Assessment	For concurrents only: include summary of progress, barriers for progress, and changes to address lack of progress					
27	16 Assessment	Specifies the IBHS service, hours and setting					
28	17 Assessment	Includes summary of findings and clinical rationale for specific recommendations					
29	18 Assessment	Assessment recommendation is within Written Order maximum recommendation					
30	19 Individual Treatment Plan	Is strengths based					
31	20 Individual Treatment Plan	Includes service type, settings, hours					
32	21 Individual Treatment Plan	Includes timeframes for ITP					
33	22 Individual Treatment Plan	Behaviors are clearly defined and observable					
34	23 Individual Treatment Plan	Includes how caregiver(s) will be involved in treatment					
35	24 Individual Treatment Plan	Includes specific goals, objectives, and interventions to address therapeutic needs					
36	25 Individual Treatment Plan						

Summary
Aggregate
BeginRange
Mbr1
EndRange
Drop Down Lists
+

Ready

Clinical Measurement Tool

File Home Insert Page Layout Formulas Data Review View Help

Paste Cut Copy Format Painter Clipboard Font Alignment Sensitivity Number

Normal Neutral

Evidence that MNG is met for service type requested

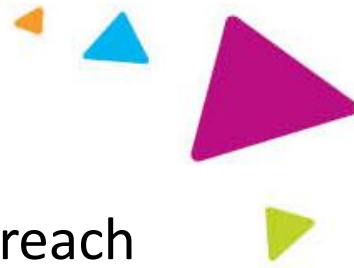
Business Use

	A	B	C	D	E	F	G	H
25	Individual Treatment Plan	Treatment plan clearly notes barriers and what is being done to address them						
26	Individual Treatment Plan	Functions of behaviors are consistent with treatment plan interventions						
27	Individual Treatment Plan	A description of progress or lack of progress towards goals/objectives						
28	Individual Treatment Plan	Replacement behaviors defined operationally						
29	Individual Treatment Plan	Is caregiver/user friendly in content and format						
30	Individual Treatment Plan	Discharge plan is developmentally appropriate and clinically reasonable						
31	Individual Treatment Plan	Aftercare plan includes estimated discharge date with specific community/natural supports/resources						
32	Individual Treatment Plan	Crisis plan includes member's triggers and specific interventions that can be implemented to avert a crisis						
33	Individual Treatment Plan	Signature and date by the youth, young adult or parent or legal guardian of a child/youth, staff person who completed ITP and someone who meets qualifications of a Clinical Director						
34	Individual Treatment Plan	For individual services only: The measurable objectives data is measured the same as the progress data.						
35	Individual Treatment Plan	For ABA only: Baseline measures reported using direct measures (FID); method of data collection for continued treatment reported using same measure and presented in easy to read graphic displays						
36	Individual Treatment Plan	For ABA only: Maintenance and Generalization is planned for as part of intervention in a manner that leads to least restrictive, least intrusive, independent functioning of member and caregivers						
37	Coordination of Care	Dx matches use of medication						
38	Coordination of Care	ISPT as applicable with all appropriate parties in attendance						
39	Coordination of Care	Documented collaboration with other service systems						
40	CANS	CANS score is consistent with information in packet						
41	IBHS Medical Necessity Guidelines (MNG)	Member has been in IBHS with current provider for 3+ years.						
42	IBHS Medical Necessity Guidelines (MNG)	Evidence that MNG is met for service type requested						
Totals			0	0	0	0	0	#N/A

Summary Aggregate BeginRange Mbr1 EndRange Drop Down Lists

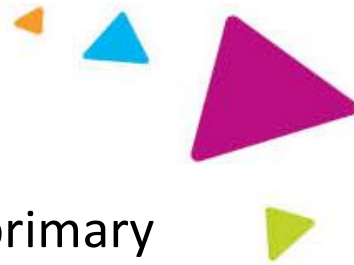
Ready

Higher Level of Care Collaborative Phone Call



- Magellan Care Manager will outreach provider for any IBHS member who is discharged from Acute Inpatient Program or Residential Treatment Facility within prior 30 days.
- Goal: To ensure supportive transition from 24-hour level provider to community-based provider

Collaborative Case Review in Q2 & Q4



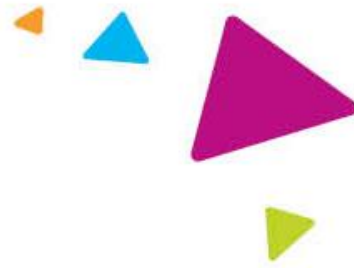
What: Telephonic review with provider for outlier cases

Content: Focus of treatment, progress, caregiver skillset, coordination of care, barriers, discharge planning

Goal: Discuss member's treatment and efficacy of service. Collaborate on specific barriers for progress.

- Focus of Treatment: [What are the primary concerns/issues addressed in sessions/ITP?]
- Progress:
- Caregiver Skillset: [How does caregiver currently intervene/assist? What skills need further development?]
- Coordination of Care: [Current supports/services?, Contact with supports?]
- Barriers: [What are the barriers for progress? Plan to address?]
- Discharge Planning: [Anticipated dc, aftercare plan]
- Plan/Next Steps: [Recommendations, Assistance needed]

Provider Initiated Phone Calls for FBS Recommendations



Telephone call with Magellan Care Manager
when considering a FBS referral.

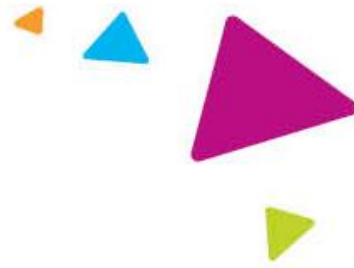
Medical Necessity Reviews



Care Managers will review some packets for Medical Necessity as they come in. However, this will be dramatically less than usual. Therefore, providers can anticipate a significant decline in Requests for Additional Information (RAIs) and Peer to Peer reviews.

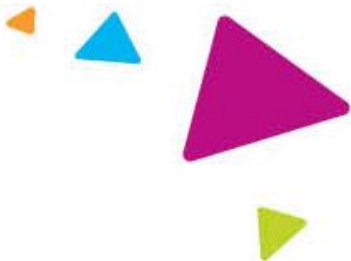


Case Note Review Request



- When: If additional information is needed to better inform service delivery and treatment plan implementation
- What: Review 10 BHT/BHT-ABA case notes
- Who: Subject Matter Experts or Care Managers
- What Happens Next: Feedback provided to agency supporting member

Case Note Review Form - New



Magellan Behavioral Health of Pennsylvania, Inc.
PENNSYLVANIA HEALTHCHOICES
BHT / BHT-ABA CASE NOTE REQUEST AND FEEDBACK FORM

Date Requested:		Provider Fax #:	
Provider/Agency:		Provider Contact:	
Member Name:		Member MA ID#:	

Please submit to Care Manager:

☐ Please submit 10 of the most recent BHT / BHT-ABA case notes across settings as applicable.

Due back to Magellan by:

***** BELOW COMPLETED AFTER REVIEW OF CASE NOTES *****

FOR USE BY MAGELLAN CARE MANAGER (CM):

Date timeframe of BHT / BHT-ABA case notes received:

Upon review of the BHT / BHT – ABA case notes submitted, they showed evidence of:

<input type="checkbox"/>	Interventions / Activities relating to the treatment plan
<input type="checkbox"/>	The problems / skills being worked on in session
<input type="checkbox"/>	Member’s response to the intervention(s)
<input type="checkbox"/>	If barriers / issues identified, plan to address
<input type="checkbox"/>	Caregiver involvement in sessions
<input type="checkbox"/>	Practicing of skills
<input type="checkbox"/>	Who participated in sessions

Feedback:

FOR USE BY MAGELLAN SUBJECT MATTER EXPERT (SME):

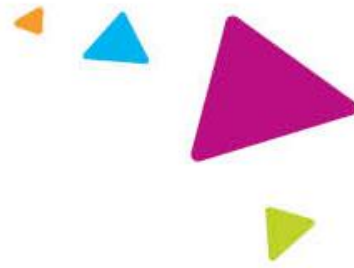
General Comments

ISPT Meeting Attendance

- Magellan may request to attend a future ISPT meeting
- Goal of Intervention: Collaborative discussion around service goals, discharge planning and aftercare



Consultations/Collaborative case reviews



Consult with Subject Matter Expert Care Manager

- What: Case Review with Specialty Care Manager for complex cases

Consult with Psychologist Advisor

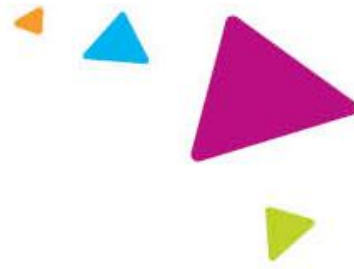
- What: Case review and/or doc-to-doc with Psychologist Advisor

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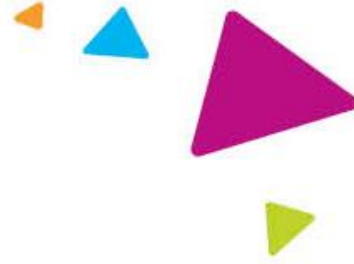
Provider Level Support

State of the Union Provider Meeting

- Annual all-provider meeting to highlight the following:
 - Data
 - Strengths
 - Trends
 - Areas for Additional Attention

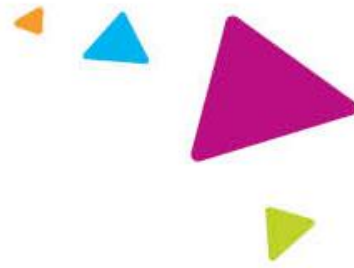


Individual Provider Meetings



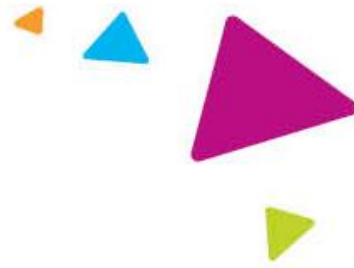
- When: Frequency will be established based on provider needs
- What: Review of individual provider goals, strengths, areas for additional assistance through review of data

Clinical Measurement Tool Review



- What: Utilization of clinical measurement tool to trend administrative & clinical strengths as well as areas of opportunity
- What Happens Next:
 - Additional technical assistance will be offered as appropriate based on the following categories:
 - Written Order
 - Assessment
 - Treatment Plan
 - Coordination of Care
 - CANS
 - MNC

Next Steps



This PowerPoint will be available on the Magellan IBHS provider webpage for further review on Magellan's IBHS provider webpage.



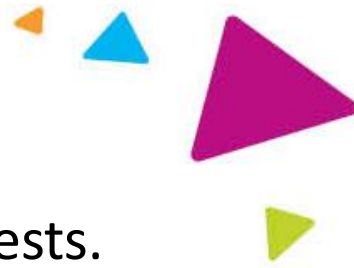
Providers will:

- Submit packet requests as normal
 - Notify Magellan Care Manager via phone call if considering a FBS recommendation
-



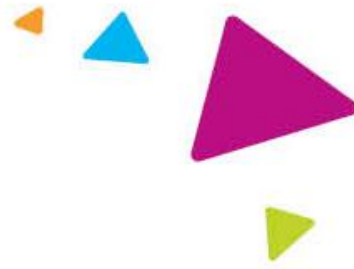
All other tasks discussed in this plan will be initiated by **Magellan**.

Quick Reminders before packet submissions:



- Please double check that the MIS#s are accurate when submitting your auth requests. This will help avoid claims denials and possible issues within future audits.
- Double check the date frame requested
- Double check units requested
- Ensure Written Order and Assessment recommendations are congruent
- Ensure BHT/BHT-ABA requests specify hours per month *in each setting* requested
- Ensure ISPT meeting notes with school representatives are included for those BHT/BHT-ABA requests within school/preschool/daycare/summer camp.
- For any authorization changes, please be clear what is changing and the reason for the change.

Have more questions about these changes?



Open Provider Call

Every Wednesday, 12:00-12:45pm

Starting 1/19/2022

Through 2/23/2022

<https://magellanhealth.zoom.us/j/96057233086?pwd=cjNTSERiaVlkZnlhbHl2SDhwSlF3Zz09>

Password: 823823

Or iPhone one-tap (US Toll): +16465588656,96057233086# or +13017158592,96057233086#

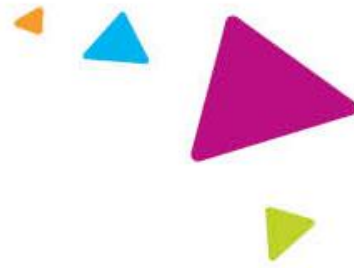
Or Dial:

+1 646 558 8656 (US Toll)

THANK YOU!



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